ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)
Certification for Home & Community – Based Services (HCBS)

DOCUMENT CHECKLIST / HCBS REGISTRATION

QUALIFIED VENDOR

Thank you for your interest in applying for certification to provider Home & Community-Based Services (HCBS) to individuals with developmental disabilities. Before you can be certified or begin providing services, you must be a Qualified Vendor for the Division of Developmental Disabilities (DDD). Please visit the DDD website at www.azdes.gov/ddd/ or contact DDD at 602-542-6874 or toll free at 866-229-5553 for guidance on becoming a Qualified Vendor.

If you have already received notification of your Qualified Vendor award, you may submit your application packet for initial HCBS Certification to the Office of Licensing, Certification and Regulation (OLCR). Your application packet should include:

- Application for Initial HCBS Certification (LCR-1025)
- Qualified Vendor Registration (LCR-1027B)
- Copy of the Fingerprint Clearance Card (FCC) issued by the Arizona Department of Public Safety (DPS) for the CEO/President/Owner. If the FCC is pending, you may enclose a copy of the FCC Application (DPS-802-06857) and money order that was submitted to DPS. For questions related to the FCC, contact DPS at 602-223-2279. HCBS Certification Staff will verify via CCTS.
- Copy of the Criminal History Self-Disclosure Affidavit (LCR-1034A) for the CEO/President/Owner.
- Copy of your agency’s brochure, a link to your website, or other descriptions of your program.
- Three (3) reference letters for the agency or the CEO/President/Owner.
- If the CEO/President/Owner is providing direct care to consumers, enclose proof of successful completion of training for CPR, first aid, and Article 9. For information on Article 9 training, contact the DDD training office at 602-771-8125. Staff Matrix (LCR-1028A) for all direct care employees or contractors. Include the CEO/President/Owner on the matrix if he/she provides direct care. The requirements listed on the matrix must be available in the records maintained by the agency/therapist for each direct care employee or contractor.
- A Declaration of Household Member (LCR-1024A) will be needed for services provided in the home of the CEO/President/Owner, if applicable. The LCR-1024A will also be required in the records maintained by the agency/therapist for each employee or contractor who provides HCBS from their home.
- A life-safety inspection is required for each setting or site used to provide HCBS, unless the services are to be provided in the private home of the consumer. An Inspection Request (LCR-1033A) should be sent to olcrinspect@azdes.gov for each setting or site. Visit our website olcrinspect@azdes.gov for more information on the life-safety inspection.

The following checklist has been assembled by OLCR to help ensure consistency in the document requirements for AHCCCS registration. Please consult this checklist when planning to open, move, or close your agency or a service location.

If you are opening a new agency or creating a new service location, you will need to submit the following documents to OLCR so we may register your agency with AHCCCS:

- Provider Registration Form (PRF)
- W-9
- Provider Participation Agreement (PPA)
- Disclosure of Ownership
- A copy of the license (if a group home)

If you are moving an existing service location, you need to submit the following documents to OLCR so we may modify your agency’s AHCCCS registration:

- Provider Registration Form (PRF)
- A copy of the license (if a group home or developmental home)
- Life-Safety Inspection (if applicable)

If you are closing your agency or a service location, you need to submit the following documents to OLCR so we may close your agency’s AHCCCS registration:

- Provider Registration Form (PRF)
- Withdrawal form or other written documentation stating your intent to close your agency or the service location and the effective date.
If you are making an **administrative change** within your agency, including changing the “pay to” person identified for AHCCCS or changing your agency’s mailing address, you need to submit the following to OLCR so we may modify your AHCCCS registration and to ensure continued payments:

- [ ] Cover sheet summarizing the change
- [ ] Provider Registration Form (PRF)
- [ ] W-9

Documents on this checklist are in addition to those needed for the certification of your agency as a provider of Home & Community Based Services (HCBS). OLCR will process and forward the required forms to AHCCCS along with a copy of your HCBS Certification. You will be notified directly by AHCCCS when or if a new AHCCCS Identification Number has been issued.

Please visit our website for application forms: [www.azdes.gov/HCBScertification](http://www.azdes.gov/HCBScertification)

For questions, please call 602-771-4861 or email [HCBScertification@azdes.gov](mailto:HCBScertification@azdes.gov)

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**Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008: the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.**